DOCUMENT RESUME

ED 204 664 CG 015 282

AUTHOR Forsyth, Nancy L.; Forsyth, Donelson R.
TITLE Internality, Controllability, and the Effectiveness of Attribution Therapy.
PUB DATE May 80
NOTE 23p.; Paper presented at the Annual Meeting of the Southeastern Psychological Association (27th, Atlanta, GA, March 25-28, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adjustment (to Environment); *Affective Behavior; *Attribution Theory; *Coping; *Counseling Techniques; Emotional Response; Interpersonal Competence; *Locus of Control; Peer Evaluation; *Self Concept; Social Behavior; Stress Variables

ABSTRACT

An attributional approach to social behavior traces problems in personal adjustment back to the assumptions individuals formulate about the causes of behaviors and events. Attributional information presented during counseling may have therapeutically beneficial consequences. The effectiveness of attribution therapy was investigated in a factorial experiment which varied controllability and internality of causal factors. Pairs of subjects (N=82), who had previously completed Rotter's Internal-External Locus of Control Scale were given negative interpersonal evaluations followed by one of four types of therapy (internal/controllable, internal/uncontrollable, external/controllable, or external/uncontrollable) or no therapy at all. Results indicated that internal/controllable therapy produced more positive affective reactions and performance evaluations for internal locus of control respondents; externals were more variable in their responses. Findings suggest that the negative effects of stressful life events may be reduced by modifying individuals' attributional inferences. (Author/NRB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED204664

Internality, Controllability, and the Effectiveness of Attribution Therapy

Nancy L. Forsyth and Donelson R. Forsyth

Virginia Commonwealth University

Running Head: Attribution Therapy

Date: May, 1980

Correspondence Address: Department of Psychology
Virginia Commonwealth University
810 W. Franklin Street
Richmond, VA 23284

(804) 257-1179

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Nancy Forsyth

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Thanks are extended to Joseph H. Porter and Everett L. Worthington, Jr. for their help and encouragement throughout the course of this investigation and to Amy Coberly and Rick Casell for their assistance as experimenters. Requests for reprints should be sent to the Department of Psychology, Virginia Commonwealth University, 810 W. Franklin Street, Richmond, VA 23284.

CG 015282

Internality, Controllability, and the Effectiveness of Attribution Therapy

An attributional approach to social behavior traces problems in personal adjustment back to the assumptions individuals formulate concerning the causes of behaviors and events (Abramson, Seligman, & Teasdale, 1978; Valins & Nisbett, 1971). According to this perspective, the person who experiences a stressful life event--such as loss of employment, dissolution of an intimate relationship, or continual family disharmony--will explain this event by making causal inferences which can, in part, determine personal adjustment during and after the life crisis. Research dealing with learned helplessness (e.g., Abramson et al., 1978; Wortman, 1976), self-blame (Brockner & Hulton, 1978; Janoff-Bulman, 1979) and reactions to failure (Dweck, 1975; Tennen & Eller, 1977) has documented the relationship between psychological well-being and attributions.

Reasoning that personal adjustment is linked to the attributions people make about stressful life events, Altmaier, Leary, Forsyth, and Ansel (1979) suggested that attributional information presented during counseling can have therapeutically beneficial consequences. In their research students who received a harsh personal criticism from another student were given information that indicated this negative event was the result of external, rather than internal, causes. This "attribution therapy" helped some of the students cope with the negative evaluation, but the effectiveness of the therapy depended on when the information was given and the locus of control of the subject (Rotter, 1966). When the explanation of the negative event was given immediately after the feedback, externals benefited

more than internals. After a delay, however, the external attributional information helped internals more than externals.

While these findings clearly demonstrate the utility of an attributional approach to counseling, the factors which determine the effectiveness of an attribution therapy remain unspecified. Although the content of the therapeutic information presented in the Altmaier et al. study emphasized subjects' perceptions of the origin of their negative evaluation (i.e., either internally or externally caused), perceived controllability should be a second key determinant of the effectiveness of attribution therapy. Numerous theories of psychological functioning emphasize the concept of effective control (e.g., Kelly, 1955; deCharms, 1968; White, 1959), and the relevant research indicates loss of control is associated with depression (Seligman, 1975), motivational deficits (Weiner, 1979), deterioration of physical health (Langer & Rodin, 1976; Schulz & Hanusa, 1978), inadequate coping (Bulman & Wortman, 1977), and stress-related illnesses (Glass, 1977). Indeed, both Wortman (1976; Wortman & Dintzer, 1978) and Seligman (1975; Abramson et al., 1978) emphasize controllability in their theories of learned helplessness, and Weiner (1979) has recently revised his attribution theory to include this critical dimension.

The current investigation examined the relationship between the content of an attributional therapy and the effectiveness of that therapy by manipulating the internality and controllability of the causal factors emphasized in the therapeutic message. Using the procedure developed by Altmaier et al., subjects were exposed to a harsh personal evaluation

supposedly written by a recent acquaintance. After experiencing this negative interpersonal event subjects were then exposed to an attribution "therapy" which emphasized (1) an internal/controllable cause, (2) an internal/uncontrollable cause, (3) an external/controllable cause, or (4) an external/uncontrollable cause. After listening to this attributional information subjects recorded their perceptions of their evaluation, their affective reactions, and their willingness to return for additional sessions. A control condition was also included which received the negative evaluation and completed the dependent measures but was given no therapeutic information.

The attributional approach to psychological adjustment predicts that the effectiveness of the therapy will be greatest when internal controllable causes are stressed. Although the amount of initial anxiety the client experiences just after the negative evaluation may be reduced by stressing external, uncontrollable causes of the negative event, subsequent coping and adjustment should be greater when the internal factors which led to the event and the client's responsibility for changing these factors are acknowledged. However, the relatively greater effectiveness of the internal controllable therapy may depend, in part, on the locus of control of the client. While internal/controllable information is consistent with internals' concept of their locus of reinforcement, externals may reject this information since it conflicts with their own attributional assumptions. Therefore, subjects were classified as either internal or external in their locus of control orientation, and a three-way interaction of locus of control, internal versus external

therapy, and controllable versus uncontrollable therapy was anticipated. Internals would be more influenced by the attribution therapy than the externals, particularly when internal/controllable factors are stressed. Externals, on the other hand, would be more positively influenced by external attributional information.

Method

Subjects

The 58 females and 24 males who participated in the study were volunteers recruited from introductory psychology classes. All had previously completed the Internal-External Locus of Control Scale (Rotter, 1966) and had been designated either "internal" or "external" on the basis of their responses. Subjects participated in same-sex pairs, and three experimenters--two female and one male--ran an equal number of pairs in each condition.

Procedure

Upon arrival the two subjects were told that, as participants in a study of impression formation, they would be asked to have a conversation with each other and afterwards complete a short questionnaire. After the subjects agreed to participate by signing a consent form the experimenter gave them a list of questions to follow during their interaction. This list, which was comprised of such questions as "What is your major?" and "What do you plan to do when you get out of school?" was included in order to control the content, direction, and intimacy level of the conversation. The experimenter reminded the subjects that they had about

ten minutes for their talk before exiting. The conversation itself was monitored by the experimenter from the next room.

After ten minutes the experimenter ended the conversation, separated the subjects into different rooms, and gave each an envelope containing a short questionnaire. This form consisted of six Likert-type items for evaluating their partner in the conversation and included such questions as "How interesting was the conversation?" "How interesting was the other participant?" and "Would you like to have another conversation with the other person?" Subjects were left alone to complete their questionnaires, but were asked to return the evaluation to the envelope when finished.

When the evaluations had been completed the experimenter returned to each subject and explained "I am now going to let you see the other person's ratings of you. He(She) didn't know that we were going to give them to you, so the information on the form should be relatively honest." In actuality, the envelopes given the subjects contained bogus questionnaires which had been completed to represent a negative evaluation--the conversation and the subject were rated as uninteresting, the indicated liking for the person was very low, and the respondent had apparently refused to consider having a second conversation with the subject (all responses were either 2 or 3 on the negative pole of the 8-point scales).

When the subjects had had time to look over the bogus forms the experimenter returned and, for all conditions but the control, administered the attribution therapy. The experimenter told subjects that if they had received a negative evaluation--which sometimes happens in the study--they should try to understand what could have caused this

outcome. Subjects were randomly assigned to one of four possible "therapies" which varied in terms of internality of cause (internal vs. external) and controllability of cause (controllable vs. uncontrollable). For example, in the internal/controllable therapy condition subjects were told:

> What we find is that usually when you interact with a person you tend to make a certain kind of impression. Basically, the impression you make--either good or bad--depends upon how you act. Unfortunately, in this study you may not have been able to do the things that lead to good impressions because you couldn't get involved enough in making an impression. People, of course, can always control the impression they make with others by changing their behavior, letting them know things about themselves. However, because you personally couldn't get involved in the interaction you may not have gotten a highly positive evaluation. If this did happen, remember it was because of the things you did, but that usually you can control these things better than this.

The external/controllable condition subjects' therapy emphasized the importance of situational causes which can be controlled, and ended with the sentence "If this did happen, remember it was because of the situation, but that you can usually control situations better than this." The internal/uncontrollable therapy emphasized "personality" and ended by stating "Remember it was because of something about your personality, which is something you can't do anything about." Lastly, the external/

uncontrollable condition therapy pointed to the "artificiality of the setting" and ended with "remember it was because of the situation, which is something that you can't do anything about." No explanation of the negative evaluation was provided for control condition subjects.

Immediately following the manipulation subjects completed a questionnaire containing the dependent measures. These included (1) two 9-point Likert-type items that checked the effectiveness of the therapy manipulations; (2) one 9-point Likert-type question which measured subjects' perceptions of their evaluations; (3) fourteen 7-point semantic differential measures of affect (e.g., happy-sad, competent-incompetent, good-bad); (4) a behavioral measure of willingness to participate in additional conversations; and (5) five 9-point Likert-type scales designed to measure self-ratings of general conversational skills and attractiveness.

Results

Subjects selected for the study had extreme scores on Rotter's (1966) locus of control scale and the personal control subscale identified by Gurin,Gurin,and Morrison (1978; items 9, 12, 15, 25, and 28 of the original scale). The locus of control means, 6.9 for "internals" and 14.5 for "externals," were clearly different from one another (F (1, 79) = 219.99, $p < .05$), as were the personal control means for these same two groups; 2.7 and 4.4 (F (1, 79) = 87.89, $p < .05$). The dependent measures were examined using 2 (internal vs. external therapy) X 2 (controllable vs. uncontrollable therapy) X 2 (internal vs. external locus of control) analyses of variance which, because of the nonorthogonality produced by

the unequal cell sizes, relied on least squares regression procedures which adjusted each effect for those of equal or lower order. Unless otherwise noted multiple mean comparisons were conducted using Duncan's Multiple Range Test at the .05 level using error variances based on both the experimental and control conditions.[1]

Manipulation Checks

Internality. A main effect of internal vs. external therapy on the item "To what extent do you think the evaluation you received from the other person was caused by personal factors versus environmental factors?"--F (1, 58) = 7.43, $p < .05$--indicated internal therapy subjects stressed personal factors over environmental factors more so than external therapy subjects. The respective means were 4.1 and 5.4; the control condition mean was 4.4 and did not differ from either condition. No other effects were significant on this item.

Controllability. The only significant effect on the item "To what extent do you think the evaluation you received from the other person was caused by things you can't ever control versus can always control?" was a main effect of controllability; F (1, 58) = 3.91, $p = .05$. The controllable therapy condition mean was 4.2 while the uncontrollable therapy condition mean was 3.2, indicating this manipulation was also effective. The mean for the no-therapy control condition was 4.3 and did not differ from the uncontrollable therapy condition mean.

- - - - - - - - - - - - - - - - -

Insert Table 1 about here

- - - - - - - - - - - - - - - - -

Perceptions of Evaluation

In order to determine what impact, if any, the therapeutic information had on subjects' perceptions of their interpersonal evaluation respondents were asked "What kind of evaluation did you receive?" Analysis of their responses on the accompanying 9-point scale (with verbal labels ranging from "very negative" to "very positive") revealed a three-way interaction of controllability, internality, and locus of control; F (1, 58) = 5.71, $p < .05$. As shown in Table 1, the various types of therapies differed in effectiveness depending upon the locus of control of respondents. For internals, information which emphasized the importance of internal but controllable causes successfully alleviated some of the harshness of the negative evaluation. On the other hand, if told that their poor evaluation was the result of internal/uncontrollable causes or external/controllable causes, internal locus of control subjects felt their evaluation was especially negative--as reflected in the significant differences between these two conditions and the no-therapy control condition. Internals in the external/uncontrollable condition fell intermediate to all other conditions, indicating this therapy was neither beneficial nor harmful.

The therapeutic information had few positive effects for externally oriented subjects. While internal/controllable information clearly helped internals, externals in this condition perceived their ratings in more negative terms. Although the simple main effect of controllability approached significance for externals--F (i, 58) = 3.56, $p < .07$--indicating the uncontrollable therapies tended to produce more negative appraisals than controllable therapies, the overall differences between

therapies were less pronounced in comparison to these same differences found for internal locus of control subjects.

- - - - - - - - - - - - - - - - - - - -

Insert Table 2 about here

- - - - - - - - - - - - - - - - - - - -

Affective Reactions

Because it is both conceptually (Osgood, Suci, & Tannenbaum, 1957) and statistically (Gorsuch, 1974) advisable to factor analyze semantic differentials when they are used for dependent variable assessment purposes, a principal axes factor analysis was performed on the 14 bipolar adjective measures of affect.[2] This analysis revealed only one major factor which accounted for 79% of the variance with an eigenvector of 7.14. Items such as "incompetent-competent" and "adequate-inadequate" loaded highly on this factor (loadings = .66 & .88, respectively), which was interpeted to be a measure of feelings of personal competency.

When the standardized factor scores for personal competency were computed and used as the dependent measures in a subsequent analysis of variance, an internality X controllability X locus of control interaction was revealed; F (1, 58) = 4.02, $p < .05$. The factor score means, presented in Table 2, indicate once more that for internal locus of control subjects the internal/controllable therapy was the most effective therapy. Respondents in this condition indicated they felt more competent than the subjects in both the internal/uncontrollable therapy condition--F (1, 58) = 4.63, $p < .05$-- and the external/controllable therapy condition--F (1, 58) = 4.83, $p < .05$. These differences, however, held only for internals. Once more no statistically

significant differences were found across the therapy conditions for externals.

Behavioral Assessment

Analysis of subjects' responses to the item "How many more conversations such as the one you had today would you be willing to volunteer for in the future?" revealed a significant interaction of internality and controllability; F (1, 58) = 5.08, $p < .05$. Subjects checked one of the following alternatives: 0-1, 2-3, 4-5, or 6 or more and responses were coded from 1 to 4 corresponding to each choice.

- - - - - - - - - - - - - - - - - - - -

Insert Table 3 about here

- - - - - - - - - - - - - - - - - - - -

As Table 3 shows, when therapy emphasized internal causes subjects were willing to come back for an average of 2 to 3 more conversations--about the same number as the no-therapy control condition subjects. However, when the therapeutic information suggested situational causes had produced the negative evaluation, subjects volunteered for more conversations only if these causes were described as uncontrollable rather than controllable. Indeed, external/uncontrollable therapy had the effect of decreasing the amount of volunteering to below the level of the control condition.

Self-Evaluations

Responses to the five measures of communication skills, interpersonal attractiveness, and bias in the other's perceptions were analyzed in a 2 (locus of control) X 2 (internality) X 2 (controllability) multivariate analysis of variance which used Pillai's trace as the approximation to

F (Pillai, 1965). Because no significant effects were obtained multivariately, no univariate tests were conducted (Leary & Altmaier, in press).

Discussion

The fundamental assumption of an attributional approach to therapy--that some of the negative effects of stressful life events can be reduced by helping the client formulate attributions which promote efficient psychological functioning--was supported with certain qualifications. First, the utility of internal controllable attribution therapy for internal locus of control subjects was evidenced by the more positive self-ratings of personal competence and less negative perceptions of the evaluation reported by internals told to attribute causality to elements of their behavior that could be changed. Second, externals clearly did not respond well to internal controllable therapy, but the alternative therapies improved post-evaluation reactions only slightly. Third, irrespective of participants' locus of control, subjects were the least willing to return for more interviews when external controllable causes were emphasized.

If the effects obtained in this research are representative of those that would be found in on-going counseling, these findings suggest several important conclusions for practicing therapists. Although attribution therapy seems to be inappropriate when psychological function is severely impaired, previous research (e.g., Dweck, 1975) and in-depth case work (e.g., Johnson, Ross, & Mastria, 1977) indicates such therapy is successful when used in short-term counseling focused on specific behavioral or emotional problems. For example, Johnson et al. report an attributional approach to the treatment of delusional behavior that resulted from anxiety over

masturbation, and Dweck helped children deal with the "math phobia" by teaching them to attribute their outcomes to factors they could control. Drawing from both the present and past laboratory research (Altmaier et al., 1979), attribution therapy seems to be reasonably effective in treating the commonly reported problem of inability to relate to other people interpersonally. However, counselors should be aware that internal locus of control clients may be better benefited by the exploration of causes. In fact, when therapeutic information which emphasized internal controllable causal factors was presented to externals, the therapy had detrimental effects. Additionally, if the counselor wants to make certain their client will again attempt the behavior which led to the negative consequences, then the therapy which increased willingness to return for more interviews--external and uncontrollable therapy--may be the more effective approach to take. Apparently, subjects confronted with information that indicated they were negatively evaluated because of the situation were more willing to try again because they felt they were absolved of responsibility when the external cause was uncontrollable.

Given the problems inherent in generalizing from a laboratory analogue to natural settings, the implications of this research should be considered cautiously. For example, while only one type of cause was stressed for each participant, psychologists who must guide their clients in an attributional exploration of the source of their difficulties probably emphasize more than one causal factor. The importance of motivation and hard work (internal, controllable) can be stressed, along with such factors as the client's personality or physical features

(internal, uncontrollable), the nature of the interpersonal situation (external, controllable), and factors which are external to the client and beyond control (e.g., monetary resources, fate, lack of opportunity, accident). While in many instances counselors can avail themselves to many different types of attributional information, additional research will be needed before the effectiveness of multiple causal therapies can be evaluated.

These limitations aside, attribution theory seems to offer an integrative framework for the structuring of therapeutic interventions. Recent studies of the social psychological implications of causal inference have underscored the importance of attributions in cognitive processing, interpersonal relations, and personal adjustment, and a wide-range of phenomena have been clarified by considering their foundations in attributions (Forsyth, 1980). A therapeutic approach based on attributional concepts makes specific predictions concerning therapy effectiveness in lay counseling settings, crisis intervention, and other short-term treatment settings, and is also consistent with other clinical methods of "cognitive restructuring" (Meichenbaum, 1975) and cognitive-behavior treatment (Kendall & Wilcox, 1980). Although additional research into the long-term effects of these therapies is needed before any precise conclusions concerning effectiveness can be drawn, at present attribution therapy appears to offer a potentially adequate means of solving problems in psychological functioning and promoting healthy personal adjustment.

References

Abramson, L. Y., Seligman, M. E. P., & Teasdale, J. D. Learned helplessness in humans: Critique and reformulation. Journal of Abnormal Psychology, 1978, 87, 49-74.

Altmaier, E. M., Leary, M. R., Forsyth, D. R., & Ansel, J. C. Attribution therapy: Effects of locus of control and timing of treatment. Journal of Counseling Psychology, 1979, 26, 481-486.

Brockner, J., & Hulton, A. J. B. How to reverse the vicious cycle of low self-esteem: The importance of attentional focus. Journal of Experimental Social Psychology, 1978, 14, 564-578.

Bulman, R. J., & Wortman, C. B. Attributions of blame and coping in the "real world": Severe accident victims react to their lot. Journal of Personality and Social Psychology, 1977, 35, 351-363.

deCharms, R. Personal causation. New York: Academic Press, 1968.

Dweck, C. S. The role of expectations and attributions in the alleviation of learned helplessness. Journal of Personality and Social Psychology, 1975, 23, 109-116.

Forsyth, D. R. The functions of attributions. Social Psychology Quarterly, 1980, in press.

Glass, D. C. Behavior patterns, stress, and coronary disease. Hillsdale, N.J.: Erlbaum, 1977.

Gurin, R., Gurin, G., & Morrison, B. M. Personal and ideological aspects of internal and external control. Social Psychology, 1978, 41, 275-296.

Janoff-Bulman, R. Characterological versus behavior self blame: Inquiries into depression and rape. Journal of Personality and Social Psychology, 1979, 37, 1798-1809.

Johnson, W. G., Ross, J. M., & Mastria, M. A. Delusional behavior: An attributional analysis of development and modification. Journal of Abnormal Psychology, 1977, 86, 421-426.

Kelly, G. A. The psychology of personal constructs. New York: Norton, 1955.

Kendall, P. C., & Wilcox, L. E. Conceptual training in non-self-controlled problem children. Journal of Consulting and Clinical Psychology, 1980, 48, 80-91.

Langer, E. J., & Rodin, J. The effects of choice and enhanced personal responsibility for the aged: A field experiment in an institutional setting. Journal of Personality and Social Psychology, 1976, 34, 191-198.

Leary, M. R., & Altmaier, E. M. Type I error in counseling research: A plea for multivariate analyses. Journal of Counseling Psychology, in press.

Michenbaum, D. Self instructional methods. In F. Kanfer & A. Goldstein (Eds.), Helping people change. New York: Pergamon Press, 1975.

Osgood, C. E., Suci, G. J., & Tannenbaum, P. H. The measurement of meaning. Urbana, Ill.: University of Illinois Press, 1957.

Pillai, K. C. S. On the distribution of the largest characteristics root of a matrix in multivariate analysis. Biometrika, 1965, 52, 405-414.

Rotter, J. B. Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs, 1966, 80 (1, Whole No. 609).

Schulz, R., & Hanusa, B. H. Long-term effects of control and predictability-enhancing interventions: Findings and ethical issues. Journal of Personality and Social Psychology, 1978, 36, 1194-1201.

Seligman, M. E. P. Helplessness: On depression, development and death. San Francisco: Freeman, 1975.

Tennen, H., & Eller, S. J. Attributional components of learned helplessness and facilitation. Journal of Personality and Social Psychology, 1977, 35, 265-271.

Valins, S., & Nisbett, R. E. Attribution process in the development and treatment of emotional disorders. Norristown, N.J.: General Learning Press, 1971.

Weiner, B. A theory of motivation for some classroom experiences. Journal of Educational Psychology, 1979, 71, 3-25.

White, R. W. Motivation reconsidered: The concept of competence. Psychological Review, 1959, 66, 297-333.

Wortman, C. B. Causal attributions and personal control. In J. H. Harvey, W. J. Ickes, & R. F. Kidd (Eds.), New directions in attribution research. Hillsdale, N.J.: Erlbaum, 1976.

Wortman, C. B., & Dintzer, L. Is an attributional analysis of the learned helplessness phenomenon viable? A critique of the Abramson-Seligman-Teasdale reformulation. Journal of Abnormal Psychology, 1978, 87, 75-90.

Footnotes

1. The data for one subject (a male internal locus of control) were deleted prior to analysis since he expressed extreme suspicion concerning the validity of his evaluation. Initial analyses revealed no differences between male and female subjects' responses so this variable was not included in subsequent analyses.

2. So that the factor analysis was not biased by the manipulations used in the investigation, the within-cells correlation matrix (computed by subtracting the appropriate cell mean from each subject's original score prior to manipulations was used as input into the initial factoring procedure.

Table 1

Perceptions of the Evaluation

Locus of Contol	Internal Therapy		External Therapy		Control Condition (No therapy)
	Controllable	Uncontrollable	Controllable	Uncontrollable	
Internal	2.75^{a} (8)	1.45^{b} (11)	1.55^{b} (9)	1.87^{ab} (8)	2.00^{a} (7)
External	1.62^{b} (8)	1.33^{b} (6)	1.87^{ab} (8)	1.25^{b} (8)	1.87^{ab} (8)

Note. Higher scores indicate more positive evaluation ratings. Means without different subscripts differ at the .05 level by Duncan's New Multiple Range Test. Cell ns are in parentheses.

Table 2

Standardized Factor Scores of Personal Competence

Locus of Control	Internal Therapy		External Therapy		Control Conditon
	Controllable	Uncontrollable	Controllable	Uncontrollable	
Internal	+.356	-.234	-.274	+.090	-.024
External	-.127	+.124	+.181	+.207	-.150

Note. Higher scores indicate more positive competence ratings.

Table 3

Responses to Behavioral Assessment

	Internality		
Controllability	Internal	External	Control
Controllable	2.25^{ab}	1.65^{b}	2.47^{a}
Uncontrollable	2.18^{ab}	2.75^{a}	

Note. Means without common subscripts differ at the .05 level by Duncan's New Multiple Range Test. Higher scores indicate willingness to participate in a greater number of future conversations.